



## Universal Beneficiary Designation/Change

**Instructions:** The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Universal Beneficiary Designation/Change Form. Common designations include individual, estates, corporations/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceases the insured, settlement will be made in accordance with the terms of certain Group Contract providers.** The form or change form will take effect the date the request is signed, but the change will not affect any action before Triad receives the request.

Please note that this form does not designate the beneficiaries for your 401k. 401k beneficiaries must be designated by logging on to [www.netbenefits.fidelity.com](http://www.netbenefits.fidelity.com).

### 1. Employee Information

|  |           |            |       |  |                             |
|--|-----------|------------|-------|--|-----------------------------|
| Z Number   | Last Name | First Name | MI    | Social Security Number   | Date of Birth               |
| Address  |           | City       | State | Zip  | Daytime Phone<br>Home Phone |
| Marital Status ( <i>check one</i> )<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner   |           |            |       | Gender ( <i>check one</i> )<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                             |
| This Beneficiary/Designation/Change Form applies to the following coverages offered under my employer's group plan.<br><input type="checkbox"/> All Coverages <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> Business Travel Accident <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life Insurance |           |            |       |  |                             |

### 2. Beneficiary Designation

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following.

#### A. Primary Beneficiaries

|  |              |  |            |
|--|--------------|--|------------|
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| <b>Total: (must equal 100 %)</b>   |              |  |            |

**Note:** This form shall be protected as Triad Employment Sensitive and/or Triad Employment Sensitive/PII when one or a combination of the following personal information is revealed in a Triad record: Education, salary, medical history, employment history, social security number, date and place of birth, or mother's maiden name.

**B. Contingent Beneficiaries**

|  |              |  |            |
|--|--------------|--|------------|
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| Beneficiary Description ( <i>check one</i> )<br><input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ <input type="checkbox"/> Trust <input type="checkbox"/> Corp./Organization | First Name   | MI   | Last Name  |
| Address ( <i>include city, state, and zip</i> )  | Relationship | Social Security Number ( <i>Required</i> ) | % of Share |
| <b>Total: (must equal 100 %)</b>   |              |  |            |

**3. Trust Designation** (*complete if a trust has been named as a beneficiary in Section 2*)

Trust designations will not be reflected in Oracle. Oracle beneficiary information will remain blank.

|  |   |
|--|---|
| <b>Trustee's Name (First, Last, MI)</b>  | <b>Address (include city, state, and zip)</b> |
|  |   |
|  |   |
| Add successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee. |   |
| Title of Agreement   | Date of Agreement                             |

**4. Authorization Signature**

I authorize Triad or my Group Contracts Provider(s) to record and consider the individuals/institution that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Triad and my Group Contracts Provider(s) assume no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to a Trustee(s), Triad and my Group Contracts Providers have the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Triad at the LANL Benefits Office. I agree that if Triad or my Group Contracts Providers make any payment(s) to the Trustee(s) before notice is received, Triad or my Group Contracts Providers will not make payment(s) again.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The employee must sign and date this form. The signature date must be the date the employee actually signed the form.*

\* Life, Business Travel Accident, Special Accident, Accidental Death and Dismemberment, Survivor Income Benefit, and other certain Group Contracts Providers if applicable

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## Important Information about Beneficiary Designations

### Definitions

You may find the following definitions helpful in completing this form:

**Primary Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining beneficiary.

**Contingent Beneficiary(ies)** – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die or the entity dissolves before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

### Instructions for Designating a Primary or Contingent Beneficiary

#### 1. Employee Information

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.

#### 2. Beneficiary Designation

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceases the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries.

**Individual:** "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not Mrs. M. Doe")
- Include the address, relationship, and social security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

**Estate:** "Estate of the Insured"

- Select "other" as the beneficiary description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

**Corporation/Organization:** "ABC Charitable Organization"

- Select "Corporation/Organization" as the beneficiary description.
- Write the legal name of the corporation or organization in the space for the beneficiary first name.
- You must provide the address, city, and state of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

**Trust Designation:** "The John Doe Trust. A Trust with a Trust Agreement dated 1/1/99 whose Trustee is Jane Smith."

- Select "Trust" as the beneficiary description.
- Indicate the percent to be assigned to the trust.
- Complete Section 3, Trust Designation.
- Will not be reflected in Oracle. Oracle will remain blank.

#### 3. Trust Designation

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

#### 4. Authorization/Signature

- The employee must read, sign, and date the authorization.
- Submit the completed form to the Benefits Service Center P280, and print/keep a copy for your records.

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